				···	-							-	•
PATENT APPLICATION FEE DETERMINATION RECO							חםי	Application or Docket Number					
										214	958	1129	<u> </u>
						SMALL ENTITY TYPE TYPE			ITITY	OTHER THAN OR SMALL ENTITY			
TOTAL CLAIMS			24						E	FEE	1	RATE	FEE
FOR			NUMBER FILED		NUMB	NUMBER EXTRA		BASIC	FEE	370.00	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS			20 minus 20=		*	4		X\$ 9=			OR	X\$18=	108
INDEPENDENT CLAIMS			∠ mi	inus 3 =	*	/ X4			=		OR	X84=	84
MU	LTIPLE DEPEN	NDENT CLAIM PI	RESENT				+140=			OR	+280=	7	
* If	the difference	in column 1 is	less than zero, enter "0" in			column 2	TOTA	_	To the second	1	TOTAL	10612	
CLAIMS AS AMENDED - PART II									- 1	**		OTHER	
	(Column 1) (Column 2) (Column 3								LL E	NTITY	OR	SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUMI PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATI	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	*	Minus	**	• -	- 1 - 1		X\$ 9	= 1		OR	X\$18=	70 J
AME	Independent	•	Minus	***		=		X42=			OR	X84=	
	FIRST PRESE	NTATION OF MU	JLTIPLE DEPENDENT CLAIM				1	+140:	┇		OR	+280=	
				•.			. 1	TOT				TOTAL ADDIT, FEE	
		(Column 1)	<u> </u>	(Colum	nn 2)	(Column 3)	. '	ADDIT. F	EE L			ADDII. PĖEI	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	*	Minus	**		=		X\$ 9=	-		OR	X\$18=	
AME	Independent	*	Minus	,***		=	IJ	X42=			OR	X84=	
	FINOT FRESE	NTATION OF MU	JETIPLE DEF	PENDENT	CLAIM	Щ_	1	+140=			OR	+280=	
							L	TOT				TOTAL	
		(Column 1)		(Colun	nn 2)	(Column 3)	,	ADDIT. FI			,	addit. Fee l	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID	EST BER DUSLY	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDM	Total	*	Minus	**		=	$\ \ $	X\$ 9=	.		OR	X\$18=	
AME	Independent	*	Minus	***	.,	=	H	X42=			OR	X84=	
	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	PENDENT	CLAIM		յ		╅				
. * 1	f the entry in colu	mn 1 is less than th	ne entry in colu	ımn 2, write	o" in col	lumn 3.	L	+140= TOT/	_		OR	+280=	
***	If the "Highest Nu If the "Highest Nu	mber Previously Pa Imber Previously Pa	aid For" IN THI aid For" IN THI	S SPACE is	s less tha s less tha	n 20, enter "20. n 3. enter "3."	-	DDIT. FE	EE			TOTAL ADDIT. FEE	'
	The "Highest Nun	nber Previously Pai	id For" (Total o	r Independe	ent) is the	highest number	er fou	nd in the	appr	opriate box	in col	umn 1.	

FORM PTO-875 (Rev. 8/01)

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